



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 54 Wheatland			District: 0945 Harlowton Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
16	1891	No	Dietrich, Deidre	4.00	_____
16	1902	Yes	Moore, Susan	2.25	_____



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Date			Signature, Chair, Board of Trustees		
County: 54 Wheatland			District: 0946 Harlowton H S		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
16	1892	No	Cooney, Robert J	7.00	_____
16	1893	No	Carlson, David	5.50	_____
16	1900	No	Wruck, Colleen	5.25	_____
16	1901	No	Miller, Ross W	6.25	_____
16	1902	Yes	Moore, Susan	2.25	_____



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State	<input type="checkbox"/>
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Date			Signature, Chair, Board of Trustees			
County:			District:		District Level:	
54 Wheatland			0947 Shawmut Elem		Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
20	2294	No	Goodall, Diane		1.85	_____
20	2295	No	Power, Brian & Julie		1.03	_____



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Date			Signature, Chair, Board of Trustees		
County: 54 Wheatland			District: 0948 Judith Gap Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
21J	1895	Yes	Key, Wendy A	0.30	_____
21J	1897	No	Philippi, Susan	2.25	_____
21J	1898	No	Batten, Toni	1.50	_____
21J	1899	No	Gaugler, Shawn	4.75	_____



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County:		District:		District Level:	
54 Wheatland		0949 Judith Gap H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
21J	1894	No	Kowalski, Alvearna	2.25	_____
21J	1895	Yes	Key, Wendy A	0.30	_____
21J	1896	No	Volf, Christine	1.00	_____
21J	1897	No	Philippi, Susan	2.25	_____
21J	1899	No	Gaugler, Shawn	0.00	_____